

# TOWN OF RUSH RECREATION DEPARTMENT

## 2018 8 WEEKS- WINTER VOLLEYBALL

### 8-12 YEAR OLDS

When:	Time:	Cost:
<b>Thursdays</b> <b>February 1<sup>st</sup>-April 12<sup>th</sup> (No camp February 22<sup>nd</sup>, March 15<sup>th</sup> or April 5<sup>th</sup>)</b>	<b>6:00PM-7:30PM</b>	<b>Resident \$60</b> <b>Non-Resident \$65.00</b>

All Classes will be held at the Monica Leary School Gym, 5509 East Henrietta Road, Rush.

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Phone number: \_\_\_\_\_ Emergency Contact: \_\_\_\_\_

Parental/Guardian Information

Mother/Guardian Full Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_  
 Father/Guardian Full Name: \_\_\_\_\_ Evening Phone: \_\_\_\_\_

Emergency Contact (if different from parent/guardian)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Names of Designated Adults authorized to pick up participant

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Does this child have any conditions we should be aware of? Yes No  
 If yes, please list: \_\_\_\_\_

I, the participant of the Rush volleyball class acknowledge that I fully understand any and all risks which are or may be associated with this program. I represent to the Town of Rush and the Rush Recreation Program that I know of no medical condition which could or should prevent me from participating in said program.

I further, hereby release, indemnify and hold harmless the Town of Rush and the Rush Recreation Program's respective officers, employees, officials, boards, commissions, committees, and any members of the same and the instructors, contracted employees, and counselors, conducting or taking part in the program. In the case of injury to myself, I hereby waive all claims against teach and all of the above-mentioned persons or entities.

Participant Signature: \_\_\_\_\_  
 Date: \_\_\_\_\_

Checks payable to:  
 Please send in this completed application with a check payable to;  
 Rush Town Clerk  
 Rush Town Hall  
 5977 East Henrietta Road. Rush NY 14543